


|  <p><b>Financial Assistance Award</b></p> <p><b>DENALI COMMISSION</b><br/>         510 L Street, Suite 410<br/>         Anchorage, Alaska 99501<br/>         (907) 271-1414 (phone)<br/>         (907) 271-1415 (fax)<br/>         www.denali.gov</p>   |                   | <b>Award Number</b>   | 00359-02                                     |                       |                       |  |                      |  |       |                   |                    |                   |                    |            |        |  |                |  |                |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |      |  |        |  |                |                |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |              |               |               |                       |                       |                       |
|--|-------------------|---|--|-----------------------|-----------------------|--|----------------------|--|-------|-------------------|--------------------|-------------------|--------------------|------------|--------|--|----------------|--|----------------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|--|--------|------|--|--------|--|----------------|----------------|--|--|--------|--|--------|--------|--|--|--------|--|--------|--------|--|--|--------|--|--------|--------|--|--|--------|--|--------|--------|--------------|---------------|---------------|-----------------------|-----------------------|-----------------------|
|  |                   | <b>Award Title</b>  | Clinic Design                                |                       |                       |  |                      |  |       |                   |                    |                   |                    |            |        |  |                |  |                |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |      |  |        |  |                |                |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |              |               |               |                       |                       |                       |
|  |                   | <b>Performance Period</b>   | September 1, 2007 through September 30, 2012 |                       |                       |  |                      |  |       |                   |                    |                   |                    |            |        |  |                |  |                |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |      |  |        |  |                |                |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |              |               |               |                       |                       |                       |
| <b>Authority</b><br>112 Stat 1854  |                   | <b>CFDA Number</b><br>90.100  |  |                       |                       |  |                      |  |       |                   |                    |                   |                    |            |        |  |                |  |                |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |      |  |        |  |                |                |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |              |               |               |                       |                       |                       |
| <b>Denali Commission Finance Officer Certification</b>   |                   | Jennifer Price<br>06/30/2010  |  |                       |                       |  |                      |  |       |                   |                    |                   |                    |            |        |  |                |  |                |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |      |  |        |  |                |                |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |              |               |               |                       |                       |                       |
|  |                   | <b>Recipient Organization &amp; Address</b><br>Anchorage Neighborhood Health Center<br>PO BOX 201849<br>Anchorage, AK 99520-1849<br><br><b>Phone:</b><br><b>Recipient DUNS #</b> 070391560 <b>TIN #</b> 920047965 |  |                       |                       |  |                      |  |       |                   |                    |                   |                    |            |        |  |                |  |                |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |      |  |        |  |                |                |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |              |               |               |                       |                       |                       |
| <b>Cost Share Distribution Table</b>   |                   |   |  |                       |                       |  |                      |  |       |                   |                    |                   |                    |            |        |  |                |  |                |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |      |  |        |  |                |                |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |              |               |               |                       |                       |                       |
| <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Accounting Code</th> <th colspan="2">New Funding</th> <th colspan="2">Prior Period Funding</th> <th rowspan="2">Total</th> </tr> <tr> <th>Denali Commission</th> <th>Other Contributors</th> <th>Denali Commission</th> <th>Other Contributors</th> </tr> </thead> <tbody> <tr> <td>95670000AL</td> <td>\$0.00</td> <td></td> <td>\$1,191,300.00</td> <td></td> <td>\$1,191,300.00</td> </tr> <tr> <td></td> <td>\$0.00</td> <td></td> <td>\$0.00</td> <td></td> <td>\$0.00</td> </tr> <tr> <td></td> <td>\$0.00</td> <td></td> <td>\$0.00</td> <td></td> <td>\$0.00</td> </tr> <tr> <td></td> <td>\$0.00</td> <td></td> <td>\$0.00</td> <td></td> <td>\$0.00</td> </tr> <tr> <td></td> <td>\$0.00</td> <td></td> <td>\$0.00</td> <td></td> <td>\$0.00</td> </tr> <tr> <td>ANHC</td> <td></td> <td>\$0.00</td> <td></td> <td>\$1,191,300.00</td> <td>\$1,191,300.00</td> </tr> <tr> <td></td> <td></td> <td>\$0.00</td> <td></td> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td></td> <td></td> <td>\$0.00</td> <td></td> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td></td> <td></td> <td>\$0.00</td> <td></td> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td></td> <td></td> <td>\$0.00</td> <td></td> <td>\$0.00</td> <td>\$0.00</td> </tr> <tr> <td><b>Total</b></td> <td><b>\$0.00</b></td> <td><b>\$0.00</b></td> <td><b>\$1,191,300.00</b></td> <td><b>\$1,191,300.00</b></td> <td><b>\$2,382,600.00</b></td> </tr> </tbody> </table> |                   |   |  | Accounting Code       | New Funding           |  | Prior Period Funding |  | Total | Denali Commission | Other Contributors | Denali Commission | Other Contributors | 95670000AL | \$0.00 |  | \$1,191,300.00 |  | \$1,191,300.00 |  | \$0.00 |  | \$0.00 |  | \$0.00 |  | \$0.00 |  | \$0.00 |  | \$0.00 |  | \$0.00 |  | \$0.00 |  | \$0.00 |  | \$0.00 |  | \$0.00 |  | \$0.00 | ANHC |  | \$0.00 |  | \$1,191,300.00 | \$1,191,300.00 |  |  | \$0.00 |  | \$0.00 | \$0.00 |  |  | \$0.00 |  | \$0.00 | \$0.00 |  |  | \$0.00 |  | \$0.00 | \$0.00 |  |  | \$0.00 |  | \$0.00 | \$0.00 | <b>Total</b> | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$1,191,300.00</b> | <b>\$1,191,300.00</b> | <b>\$2,382,600.00</b> |
| Accounting Code  | New Funding       |   | Prior Period Funding                         |                       | Total                 |  |                      |  |       |                   |                    |                   |                    |            |        |  |                |  |                |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |      |  |        |  |                |                |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |              |               |               |                       |                       |                       |
|  | Denali Commission | Other Contributors  | Denali Commission                            | Other Contributors    |                       |  |                      |  |       |                   |                    |                   |                    |            |        |  |                |  |                |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |      |  |        |  |                |                |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |              |               |               |                       |                       |                       |
| 95670000AL   | \$0.00            |   | \$1,191,300.00                               |                       | \$1,191,300.00        |  |                      |  |       |                   |                    |                   |                    |            |        |  |                |  |                |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |      |  |        |  |                |                |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |              |               |               |                       |                       |                       |
|  | \$0.00            |   | \$0.00                                       |                       | \$0.00                |  |                      |  |       |                   |                    |                   |                    |            |        |  |                |  |                |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |      |  |        |  |                |                |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |              |               |               |                       |                       |                       |
|  | \$0.00            |   | \$0.00                                       |                       | \$0.00                |  |                      |  |       |                   |                    |                   |                    |            |        |  |                |  |                |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |      |  |        |  |                |                |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |              |               |               |                       |                       |                       |
|  | \$0.00            |   | \$0.00                                       |                       | \$0.00                |  |                      |  |       |                   |                    |                   |                    |            |        |  |                |  |                |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |      |  |        |  |                |                |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |              |               |               |                       |                       |                       |
|  | \$0.00            |   | \$0.00                                       |                       | \$0.00                |  |                      |  |       |                   |                    |                   |                    |            |        |  |                |  |                |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |      |  |        |  |                |                |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |              |               |               |                       |                       |                       |
| ANHC   |                   | \$0.00  |  | \$1,191,300.00        | \$1,191,300.00        |  |                      |  |       |                   |                    |                   |                    |            |        |  |                |  |                |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |      |  |        |  |                |                |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |              |               |               |                       |                       |                       |
|  |                   | \$0.00  |  | \$0.00                | \$0.00                |  |                      |  |       |                   |                    |                   |                    |            |        |  |                |  |                |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |      |  |        |  |                |                |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |              |               |               |                       |                       |                       |
|  |                   | \$0.00  |  | \$0.00                | \$0.00                |  |                      |  |       |                   |                    |                   |                    |            |        |  |                |  |                |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |      |  |        |  |                |                |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |              |               |               |                       |                       |                       |
|  |                   | \$0.00  |  | \$0.00                | \$0.00                |  |                      |  |       |                   |                    |                   |                    |            |        |  |                |  |                |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |      |  |        |  |                |                |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |              |               |               |                       |                       |                       |
|  |                   | \$0.00  |  | \$0.00                | \$0.00                |  |                      |  |       |                   |                    |                   |                    |            |        |  |                |  |                |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |      |  |        |  |                |                |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |              |               |               |                       |                       |                       |
| <b>Total</b>   | <b>\$0.00</b>     | <b>\$0.00</b>   | <b>\$1,191,300.00</b>                        | <b>\$1,191,300.00</b> | <b>\$2,382,600.00</b> |  |                      |  |       |                   |                    |                   |                    |            |        |  |                |  |                |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |      |  |        |  |                |                |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |              |               |               |                       |                       |                       |
| This Financial Assistance Award approved by the Federal Co-Chair of the Denali Commission constitutes an obligation of federal funding.  |                   |   |  |                       |                       |  |                      |  |       |                   |                    |                   |                    |            |        |  |                |  |                |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |      |  |        |  |                |                |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |              |               |               |                       |                       |                       |
| Amended Award Conditions to the Financial Assistance Award between the Denali Commission and Anchorage Neighborhood Health Center (ANHC) for Clinic Design, Award No. 359-07, Amendment 2<br><br>All changes to the award conditions are noted below.<br><br>1. Award Performance Period<br><br>The amended award performance period is September 1, 2007 through September 30, 2012. This is the period during which award recipients can incur obligations or costs against this award.<br><br>There are no other changes to the original Financial Assistance Award, as amended.  |                   |   |  |                       |                       |  |                      |  |       |                   |                    |                   |                    |            |        |  |                |  |                |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |      |  |        |  |                |                |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |              |               |               |                       |                       |                       |
| <b>Signature of Authorized Official - Denali Commission</b><br><br>Electronically Signed   |                   | <b>Typed Name and Title</b><br>Corrine Eilo<br>Director of Administration   |  |                       |                       |  |                      |  |       |                   |                    |                   |                    |            |        |  |                |  |                |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |      |  |        |  |                |                |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |              |               |               |                       |                       |                       |
|  |                   | <b>Date</b><br>06/30/2010   |  |                       |                       |  |                      |  |       |                   |                    |                   |                    |            |        |  |                |  |                |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |  |        |      |  |        |  |                |                |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |  |  |        |  |        |        |              |               |               |                       |                       |                       |